

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Durable Medical Equipment (DME)
Providers
Pharmacists
Managed Care Organizations

Memorandum No: 06-52
Issued: June 29, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supersedes # Memorandum: 05-53 MAA

Subject: Nondurable Medical Supplies and Equipment (MSE): Fee Schedule Changes

Effective for dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) will update the Medical Supplies and Equipment Fee Schedule section in HRSA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* with new maximum allowable rates.

What has changed?

HRSA has updated reimbursement rates to match those of Medicare.

Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view a current fee schedule, click ***Provider Publications/Fee Schedules***, then ***Accept***, then ***Fee Schedules***.

Bill HRSA your usual and customary charge.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT[®]) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

Billing Instructions Replacement Pages

Attached are the following pages for HRSA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*.

| Pages | Replace/New |
|-------------------------|----------------------------|
| i-ii | Replace old pages i-ii |
| D.9-D.86 | New pages* |
| G.1-G.2 | Replace old pages G.1-G.28 |
| Appendix C-Fee Schedule | New pages |

Contact Information

Send reimbursement issues, questions, or comments to:

Durable Medical Equipment Rates Management
Office of Professional Reimbursement
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
360.725.1845
Fax # 360.753.9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management
Unit (DMEPMU)
Medical Assistance Administration
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
800.292.8064
Fax # 360.586.5299

* Pages D.9-D.86 contain a new "coverage" table. This table does not contain any new information. The information is simply reorganized to make it easier for the provider to access.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

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Appendix Reimbursement Methodology for MSE

Appendix 1

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Nondurable MSE Coverage Table

Compliance Packaging

(Billable only by pharmacists for noninstitutionalized at-risk clients.)

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------|------------|----------|--|---|--|
| | A9901 | | Delivery/set-up/dispensing. | Yes. You must use EPA # 870000867 when billing this item. | Limit of four devices/containers per client, per month. Included in nursing facility daily rate. |
| | T1999 | | Reusable compliance device/container (e.g., medisets, weekly minders, etc.) | Yes. You must use EPA # 870000864 when billing this item. | Limit of four devices/containers per client. Included in nursing facility daily rate. |
| | T1999 | | Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) | Yes. You must use EPA # 870000865 when billing this item. | Limit of four devices/containers per client. Limit of four devices/containers per client, per month. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|---|---|
| | T1999 | | Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). | Yes. You must use EPA # 870000866 when billing this item. | Limit of four devices/containers per client. Limit of four devices/containers per client, per year. |

Note: Providers may bill reusable compliance devices/containers in any combination, not to exceed a total of 4 per year.

Syringes and Needles

| | | | | | |
|--|-------|--|--|----|--|
| | A4206 | | Syringe with needle, sterile 1cc, each. | No | Included in nursing facility daily rate. |
| | A4207 | | Syringe with needle, sterile 2cc, each. | No | Included in nursing facility daily rate. |
| | A4208 | | Syringe with needle, sterile 3cc, each. | No | Included in nursing facility daily rate. |
| | A4209 | | Syringe with needle, sterile 5cc or greater, each. | No | Included in nursing facility daily rate. |
| | A4210 | | Needle free injection device, each. | No | Included in nursing facility daily rate. |

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Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|-----|---|
| # | A4211 | | Supplies for self-administered injections. | | |
| | A4215 | | Needle, sterile, any size, each. | No | Included in nursing facility daily rate. |
| | A4322 | | Irrigation syringe, bulb or piston, each. | No | Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355. |

Blood Monitoring/Testing Supplies

| | | | | | |
|--|-------|--|--|----|--|
| | A4233 | | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each. | No | |
| | A4234 | | Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each. | No | |
| | A4235 | | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each. | No | |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4236 | | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each. | No | |
| | A4253 | KX or KS | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. | No | Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.) |
| # | A4255 | | Platforms for home blood glucose monitor, 50 per box. | | |
| | A4256 | | Normal, low and high calibrator solution/chips. | No | Included in nursing facility daily rate. |
| | A4258 | | Spring-powered device for lancet, each. | No | One (1) allowed per client every 6 months. Included in nursing facility daily rate. |

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Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|-------------|--------------------------|-----|--|
| | A4259 | KX or KS | Lancets, per box of 100. | No | Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.) |

Pregnancy-Related Testing Kits and Nursing Equipment Supplies

| | | | | | |
|--|-------|--|---|---|---|
| | T5999 | | Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit. | Yes | Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs. |
| | E1399 | | Supply, not otherwise specified (Breast pump kit for electric breast pump.) | Yes. You must use EPA # 870000764 when billing this item. | Purchase only. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Antiseptics and Germicides

| | | | | | |
|--|-------|--|--|----|---|
| | A4244 | | Alcohol or peroxide, per pint. | No | Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months. |
| | A4245 | | Alcohol wipes, per box (of 200). | No | Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month. |
| | A4246 | | Betadine or pHisoHex solution, per pint. | No | Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|---|---|
| | A4247 | | Betadine or iodine swabs/wipes, per box (of 100). | No | Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month. |
| # | A4248 | | Chlorhexidine containing antiseptic 1 ml. | | |
| | T5999 | | Supply, not otherwise specified. (Disinfectant spray, 12 oz.) | Yes. You must use EPA # 870000853 when billing this item. | Included in nursing facility daily rate. Maximum of one (1) per client per 6 months. |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Bandages, Dressings, and Tapes

(Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

| | | | | | |
|--|-------|--|--|-----|--|
| | A4649 | | Surgical supply; miscellaneous. | Yes | |
| | A6010 | | Collagen based wound filler, dry form, per gram of collagen. | Yes | |
| | A6011 | | Collagen based wound filler, gel/paste, per gram of collagen. | Yes | |
| | A6021 | | Collagen dressing, pad size 16 sq. in. or less, each. | No | |
| | A6022 | | Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each. | No | |
| | A6023 | | Collagen dressing, pad size more than 48 sq. in. | Yes | |
| | A6024 | | Collagen dressing wound filler, per 6 inches. | No | |
| | A6025 | | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each. | No | |
| | A6154 | | Wound pouch, each. | No | |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6196 | | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing. | No | |
| | A6197 | | Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing. | No | |
| | A6198 | | Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in, each dressing. | No | |
| | A6199 | | Alginate or other fiber gelling dressing, wound filler, per 6 inches. | No | |
| | A6200 | | Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6201 | | Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6202 | | Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6203 | | Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6204 | | Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing. | No | |
| | A6205 | | Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing. | No | |
| | A6206 | | Contact layer, 16 sq. in. or less, each dressing. | No | |
| | A6207 | | Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing. | No | |
| | A6208 | | Contact layer, more than 48 sq. in., each dressing. | No | |
| | A6209 | | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6210 | | Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6211 | | Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6212 | | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |
| | A6213 | | Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6214 | | Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6215 | | Foam dressing, wound filler, per gram. | No | |
| | A6216 | | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6217 | | Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A6218 | | Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6219 | | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |
| | A6220 | | Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6221 | | Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6222 | | Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6223 | | Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |

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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6224 | | Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6228 | | Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6229 | | Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6230 | | Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6231 | | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing. | No | |
| | A6232 | | Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing. | No | |

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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6233 | | Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing. | No | |
| | A6234 | | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6235 | | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6236 | | Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6237 | | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |
| | A6238 | | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6239 | | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing. | No | |

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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6240 | | Hydrocolloid dressing, wound filler, paste, per fluid oz. | No | |
| | A6241 | | Hydrocolloid dressing, wound filler, dry form, per gram. | No | |
| | A6242 | | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6243 | | Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6244 | | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6245 | | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |
| | A6246 | | Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | No | |

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|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6247 | | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6248 | | Hydrogel dressing, wound filler, gel, per fluid oz. | No | |
| # | A6250 | | Skin sealants, protectants, moisturizers, ointments, any type, any size. | | |
| | A6251 | | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6252 | | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6253 | | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6254 | | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing. | No | |

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KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6255 | | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6256 | | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing. | No | |
| | A6257 | | Transparent film, 16 sq. in. or less, each dressing. | No | |
| | A6258 | | Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing. | No | |
| | A6259 | | Transparent film, more than 48 sq. in., each dressing. | No | |
| | A6260 | | Wound cleaners, any type, any size (per ounce). | No | |
| | A6261 | | Wound filler, gel/paste, per fluid ounce, not elsewhere classified. | Yes | |
| | A6262 | | Wound filler, dry form, per gram, not elsewhere classified. | Yes | |
| | A6266 | | Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard. | No | |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A6402 | | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing. | No | |
| | A6403 | | Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | No | |
| | A6404 | | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing. | No | |
| | A6407 | | Packing strips, non-impregnated, up to two inches in width, per linear yard. | No | |
| | A6441 | | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6442 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard. | No | |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A6443 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6444 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard. | No | |
| | A6445 | | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard. | No | |
| | A6446 | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6447 | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard. | No | |
| | A6448 | | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard. | No | |

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**Nondurable Medical Supplies
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|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A6449 | | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6450 | | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard. | No | |
| | A6451 | | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6452 | | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6453 | | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard. | No | |

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**Nondurable Medical Supplies
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|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6454 | | Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6455 | | Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard. | No | |
| | A6456 | | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard. | No | |
| | A6457 | | Tubular dressing with or without elastic, any width, per linear yard. | No | |
| | A6501 | | Compression burn garment, bodysuit (head to foot), custom fabricated. | Yes | |
| | A6502 | | Compression burn garment, chin strap, custom fabricated. | Yes | |
| | A6503 | | Compression burn garment, facial hood, custom fabricated. | Yes | |
| | A6504 | | Compression burn garment, glove to wrist, custom fabricated. | Yes | |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|-----------------------------|
| | A6505 | | Compression burn garment, glove to elbow, custom fabricated. | Yes | |
| | A6506 | | Compression burn garment, glove to axilla, custom fabricated. | Yes | |
| | A6507 | | Compression burn garment, foot to knee length, custom fabricated. | Yes | |
| | A6508 | | Compression burn garment, foot to thigh length, custom fabricated. | Yes | |
| | A6509 | | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated. | Yes | |
| | A6510 | | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated. | Yes | |
| | A6511 | | Compression burn garment, lower trunk including leg openings (panty), custom fabricated. | Yes | |
| | A6512 | | Compression burn garment, not otherwise classified. | Yes | |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A6513 | | Compression burn mask, face and/or neck, plastic or equal, custom fabricated. | Yes | |
| | S8431 | | Compression bandage, roll. | No | |
| | T5999 | | Supply, not otherwise specified (Dressing other.) | Yes | |

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RP – Replacement
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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Tapes

(Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

| | | | | | |
|--|-------|--|---|----|--|
| | A4450 | | Tape, non-waterproof, per 18 square inches. | No | |
| | A4452 | | Tape, waterproof, per 18 square inches. | No | |
| | A4462 | | Abdominal dressing holder, each. | No | |
| | A4465 | | Nonelastic binder for extremity. | No | |

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NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Ostomy Supplies

(Note: Items in This Category are not Taxable)

| | | | | | |
|--|-------|--|--|----|--|
| | A4361 | | Ostomy faceplate, each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380. |
| | A4362 | | Skin barrier, solid, four by four or equivalent, each. | No | For ostomy only. |
| | A4363 | | Ostomy clamp, any type, replacement only, each. | | |
| | A4364 | | Adhesive; liquid, or equal, any type, per oz. | No | Maximum of 4 allowed per client per month. For ostomy or catheter. |
| | A4365 | | Adhesive remover wipes, any type, per 50. | No | Maximum of one (1) box allowed per client per month. |
| | A4366 | | Ostomy vent, any type, each. | No | |

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RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4367 | | Ostomy belt, each. | No | Maximum of two (2) allowed per client every six months. |
| | A4368 | | Ostomy filter, any type, each. | No | |
| | A4369 | | Ostomy skin barrier, liquid (spray, brush, etc.), per oz. | No | |
| | A4371 | | Ostomy skin barrier, powder, per oz. | No | |
| | A4372 | | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each. | No | |
| | A4373 | | Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each. | No | |
| | A4375 | | Ostomy pouch, drainable, with faceplate attached, plastic, each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377. |

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RR – Rental
NU – Purchase

RP – Replacement
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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4376 | | Ostomy pouch, drainable, with faceplate attached, rubber, each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378. |
| | A4377 | | Ostomy pouch, drainable, for use on faceplate, plastic, each. | No | Maximum of 10 allowed per client per month. |
| | A4378 | | Ostomy pouch, drainable, for use on faceplate, rubber, each. | No | Maximum of 10 allowed per client per month. |
| | A4379 | | Ostomy pouch, urinary, with faceplate attached, plastic, each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382. |

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NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4380 | | Ostomy pouch, urinary, with faceplate attached, rubber, each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383. |
| | A4381 | | Ostomy pouch, urinary, for use on faceplate, plastic, each. | No | Maximum of 10 allowed per client per month. |
| | A4382 | | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. | No | Maximum of 10 allowed per client per month. |
| | A4383 | | Ostomy pouch, urinary, for use on faceplate, rubber, each. | No | Maximum of 10 allowed per client per month. |
| | A4384 | | Ostomy faceplate equivalent, silicone ring, each. | No | |
| | A4385 | | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each. | No | |

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RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4387 | | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each. | No | Maximum of 30 allowed per client per month. |
| | A4388 | | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4389 | | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4390 | | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4391 | | Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4392 | | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4393 | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. | No | Maximum of 10 allowed per client per month. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4394 | | Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce. | No | |
| | A4395 | | Ostomy deodorant for use in ostomy pouch, solid, per tablet. | No | |
| # | A4396 | | Ostomy belt with peristomal hernia support. | | |
| | A4397 | | Irrigation supply; sleeve, each. | No | Maximum of one (1) allowed per client per month. |
| | A4398 | | Ostomy irrigation supply; bag, each. | No | Maximum of two (2) allowed per client every 6 months. |
| | A4399 | | Ostomy irrigation supply; cone/catheter, including brush. | No | Maximum of two (2) allowed per client every 6 months. |
| | A4400 | | Ostomy irrigation set. | No | Maximum of two (2) allowed per client every 6 months. |
| | A4404 | | Ostomy ring, each. | No | Maximum of 10 allowed per client per month. |

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**Nondurable Medical Supplies
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| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|-----------------------------|
| | A4405 | | Ostomy skin barrier, non- pectin based, paste, per ounce. | No | |
| | A4406 | | Ostomy skin barrier, pectin based, paste, per ounce. | No | |
| | A4407 | | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each. | No | |
| | A4408 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each. | No | |
| | A4409 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each. | No | |
| | A4410 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each. | No | |
| | A4411 | | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each. | No | |

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NU – Purchase

RP – Replacement
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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4412 | | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. | No | Maximum of 10 allowed per client every 30 days. |
| | A4413 | | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. | No | Maximum of 10 allowed per client per month. |
| | A4414 | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each. | No | |
| | A4415 | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each. | No | |
| | A4416 | | Ostomy pouch, closed, with barrier attached, with filter (one piece), each. | No | Maximum of 30 allowed per client per month. Not allowed in combination with A4368. |
| | A4417 | | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each. | No | Maximum of 30 allowed per client per month. Not allowed in combination with A4368. |

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NU – Purchase

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|--|
| | A4418 | | Ostomy pouch, closed; without barrier attached, with filter (one piece), each. | No | Maximum of 30 allowed per client per month. Not allowed in combination with A4368. |
| | A4419 | | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each. | No | Maximum of 30 allowed per client per month. Not allowed in combination with A4368. |
| | A4420 | | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each. | No | Maximum of 30 allowed per client per month. |
| | A4421 | | Ostomy supply; miscellaneous. | Yes | |
| | A4422 | | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each. | No | |
| | A4423 | | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each. | No | Maximum of 30 allowed per client per month. Not allowed in combination with A4368. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4424 | | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with A4368. |
| | A4425 | | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with A4368. |
| | A4426 | | Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each. | No | Maximum of 10 allowed per client per month. |
| | A4427 | | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each. | No | Maximum of 10 allowed per client per month. Not allowed in combination with A4368. |
| | A4428 | | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each. | No | Maximum of 10 allowed per client per month. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4429 | | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4430 | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4431 | | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4432 | | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4433 | | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each. | No | Maximum of 10 allowed per client per month. |
| | A4434 | | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each. | No | Maximum of 10 allowed per client per month. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4455 | | Adhesive remover or solvent (for tape, cement, or other adhesive), per oz. | No | Maximum of 3 allowed per client per month. |
| | A5051 | | Ostomy pouch, closed; with barrier attached (one piece) each. | No | Maximum of 60 allowed per client per month. |
| | A5052 | | Ostomy pouch, closed; without barrier attached (one piece) each. | No | Maximum of 60 allowed per client per month. |
| | A5053 | | Ostomy pouch, closed; for use on faceplate each. | No | Maximum of 60 allowed per client per month. |
| | A5054 | | Ostomy pouch, closed; for use on barrier with flange (two piece) each. | No | Maximum of 60 allowed per client per month. |
| | A5055 | | Stoma cap. | No | Maximum of 30 allowed per client per month. |
| | A5061 | | Ostomy pouch, drainable; with barrier attached (one piece) each. | No | Maximum of 20 allowed per client per month. |

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NU – Purchase

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A5062 | | Ostomy pouch, drainable; without barrier attached (one piece) each. | No | Maximum of 20 allowed per client per month. |
| | A5063 | | Ostomy pouch, drainable; for use on barrier with flange (two piece system) each. | No | Maximum of 20 allowed per client per month. |
| | A5071 | | Ostomy pouch, urinary, with barrier attached (one piece) each. | No | Maximum of 20 allowed per client per month. |
| | A5072 | | Ostomy pouch, urinary, without barrier attached (one piece) each. | No | Maximum of 20 allowed per client per month. |
| | A5073 | | Ostomy pouch, urinary, for use on barrier with flange (two piece) each. | No | Maximum of 20 allowed per client per month. |
| | A5081 | | Continent device; plug for continent stoma. | No | Maximum of 30 allowed per client per month. |
| | A5082 | | Continent device; catheter for continent stoma. | No | Maximum of one (1) allowed per client per month. |

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RR – Rental
NU – Purchase

RP – Replacement
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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A5093 | | Ostomy accessory, convex insert. | No | Maximum of 10 allowed per client per month. |
| | A5120 | | Skin barrier, wipes or swabs, each. | No | Ostomy only. |
| | A5121 | | Skin barrier, solid, 6 x 6 or equivalent, each. | No | For ostomy only. |
| | A5122 | | Skin barrier, solid, 8 x 8 or equivalent, each. | No | For ostomy only. |
| | A5126 | | Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month. | No | |
| # | A5131 | | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. | | |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Urological Supplies

| | | | | | |
|--|-------|--|---|-----|--|
| | A4310 | | Insertion tray without drainage bag and without catheter (accessories only). | Yes | Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354. |
| | A4311 | | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4312 | | Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344. |
| | A4313 | | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4314 | | Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357. |
| | A4315 | | Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4316 | | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357. |
| | A4320 | | Irrigation tray with bulb or piston syringe, any purpose. | No | Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355. |
| # | A4321 | | Therapeutic agent for urinary catheter irrigation. | | |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4326 | | Male external catheter specialty type with integral collection chamber, each. | No | Maximum of 60 allowed per client per month. Included in nursing facility daily rate. |
| | A4327 | | Female external urinary collection device; metal cup, each. | No | Included in nursing facility daily rate. |
| | A4328 | | Female external urinary collection device; pouch, each. | No | Included in nursing facility daily rate. |
| | A4330 | | Perianal fecal collection pouch with adhesive, each. | No | Included in nursing facility daily rate. |
| | A4331 | | Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each. | No | Not to be used with Procedure Code A4358. Included in nursing facility daily rate. |
| | A4332 | | Lubricant, individual sterile packet, for insertion of urinary catheter, each. | No | Included in nursing facility daily rate. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|--|--|
| | A4333 | | Urinary catheter anchoring device, adhesive skin attachment, each. | No | Included in nursing facility daily rate. |
| | A4334 | | Urinary catheter anchoring device, leg strap, each. | No | Not allowed in combination with code A4358. Included in nursing facility daily rate. |
| | A4335 | | Incontinence supply; miscellaneous. [Diaper Doublers. Each]. | Yes. See EPA criteria in Section E. | Included in nursing facility daily rate. (age 3 and up) |
| | A4338 | | Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. |
| | A4340 | | Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. | No | Maximum of 3 allowed per client per month. Included in nursing facility daily rate. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4344 | | Indwelling catheter, Foley type, two-way, all silicone, each. | No | Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. |
| | A4346 | | Indwelling catheter, Foley type, three-way for continuous irrigation, each. | No | Maximum of 3 allowed per client, per month. Included in nursing facility daily rate. |
| | A4348 | | Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month). | No | Maximum of 2 allowed per client, per month. Included in nursing facility daily rate. |
| | A4349 | | Male external catheter, with or without adhesive, disposable, each. | No | Maximum allowable of 60 per client, per month. Included in nursing facility daily rate. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4351 | | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. | No | Maximum of 120 allowed per client per month. Not allowed in combination with A4352. |
| | A4352 | | Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each. | No | Maximum of 120 allowed per client per month. Not allowed in combination with A4351. |
| | A4353 | | Intermittent urinary catheter, with insertion supplies. | Yes | Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351-A4352. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4354 | | Insertion tray with drainage bag but without catheter. | Yes | Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4353, A4357-A4358, and A5112. |
| | A4355 | | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. | No | Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322. |
| | A4356 | | External urethral clamp or compression device (not to be used for catheter clamp), each. | No | Maximum of two (2) allowed per client per year. Included in nursing facility daily rate. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A4357 | | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. | No | Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314- A4316 or A4354. |
| | A4358 | | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. | No | Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|--|
| | A4359 | | Urinary suspensory without leg bag, each. | No | Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. |
| | A4402 | | Lubricant, per oz. | No | Included in nursing facility daily rate. (For insertion of urinary catheters.) |
| | A4520 | | Incontinence garment, any type, (e.g. brief, diaper), each. | Yes | Included in nursing facility daily rate. |
| | A5102 | | Bedside drainage bottle, with or without tubing, rigid or expandable, each. | No | Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | A5105 | | Urinary suspensory; with leg bag, with or without tube. | No | Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114. |
| | A5112 | | Urinary leg bag; latex. | No | Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114. |

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|--|---|
| | A5113 | RP | Leg strap; latex, replacement only, per set. | No | Included in nursing facility daily rate. |
| | A5114 | RP | Leg strap; foam or fabric, replacement only, per set. | No | Included in nursing facility daily rate. |
| | T4521 | | Adult sized disposable incontinence product, brief/diaper, small, each. | Medical exceptions to maximum quantity or age limitation require PA. | Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. * |
| | T4522 | | Adult sized disposable incontinence product, brief/diaper, medium, each. | Medical exceptions to maximum quantity or age limitation require PA. | Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. * |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|--|---|
| | T4523 | | Adult sized disposable incontinence product, brief/diaper, large, each. | Medical exceptions to maximum quantity or age limitation require PA. | Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. * |
| | T4524 | | Adult sized disposable incontinence product, brief/diaper, extra large, each. | Medical exceptions to maximum quantity or age limitation require PA. | Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. * |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | T4525 | | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each. | No | Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |
| | T4526 | | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each. | No | Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|-----|--|
| | T4527 | | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each. | No | Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |
| | T4528 | | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each. | No | Age 6 and up. Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|---|--|--|
| | T4529 | | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each. | Medical exceptions to maximum quantity or age limitation require PA. | 3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. * |
| | T4530 | | Pediatric sized disposable incontinence product, brief/diaper, large size, each. | Medical exceptions to maximum quantity or age limitation require PA. | 3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. * |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|---|--|--|
| | T4531 | | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each. | Medical exceptions to maximum quantity or age limitation require PA. | 3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |
| | T4532 | | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each. | No | 3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|--|--|
| | T4533 | | Youth sized disposable incontinence product, brief/diaper, each. | No | 3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. * |
| | T4534 | | Youth sized disposable incontinence product, protective underwear/pull-on, each. | Medical exceptions to maximum quantity or age limitation require PA. | 6-18 years of age. Maximum of 300 allowed per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|---|
| | T4535 | | Disposable liner/shield/guard/pad/undergarment, for incontinence, each. | No | Age 3 and up. Maximum of 240 pieces allowed per client, per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage. |
| | T4536 | NU | Incontinence product, protective underwear/pull-on, reusable, any size, each. | No | Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate. |
| | T4536 | RR | Incontinence product, protective underwear/pull-on, reusable, any size, each. | No | Maximum of 150 pieces allowed per client, per month (age 3 and up). Included in nursing facility daily rate. * |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|--|--|
| | T4537 | | Incontinence product, protective underpad, reusable, bed size, each. | No | Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR). |
| | T4537 | RR | Incontinence product, protective underpad, reusable, bed size, each. | No | Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU). |
| | T4538 | RR | Diaper service, reusable diaper, each diaper. | Medical exceptions to maximum quantity or age limitation require PA. | Age 3 and up. Maximum of 240 diapers allowed per client per month. Included in nursing facility daily rate. * |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|--|--|
| | T4539 | NU | Incontinence product, diaper/brief, reusable, any size, each. | Medical exceptions to maximum quantity or age limitation require PA. | Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate. |
| # | T4540 | | Incontinence product, protective underpad, reusable, chair size, each. | | |
| | T4541 | | Incontinence product, disposable underpad, large, each. | | For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|--|-----|---|
| # | T4542 | | Incontinence product, disposable underpad, small size, each. | | Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). |

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RP – Replacement

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Braces, Belts, and Supportive Devices

| | | | | | |
|--|-------|--|--|----|---|
| | A4490 | | Surgical stocking above knee length, each. | No | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. (Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair). |
| | A4495 | | Surgical stocking thigh length, each. | No | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair). |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A4500 | | Surgical stocking below knee length, each. | No | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair). |
| | A4510 | | Surgical stocking full length, each. (Pantyhose style) | No | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on a pair. 1 unit = 1 pair. Client is limited to 2 units, 2 pair, per 6 months. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A4565 | | Slings. | | Included in nursing facility daily rate. Maximum of two (2) allowed per client per year. |
| | A4570 | | Splint. | | Included in nursing facility daily rate. Maximum of one (1) allowed per client per year. |
| | A6530 | | Gradient compression stocking, below knee, 18-30 MMHG, Each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6531 | | Gradient compression stocking, below knee, 30-40 MMHG, Each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A6532 | | Gradient compression stocking, below knee, 40-50 MMHG, each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6533 | | Gradient compression stocking, thigh length, 18-30 MMHG, each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6534 | | Gradient compression stocking, thigh length, 30-40 MMHG, each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6535 | | Gradient compression stocking, thigh length, 40-50 MMHG, each. | | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A6536 | | Gradient compression stocking, full length/chap style, 18-30 MMHG, each. | Yes | Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months. |
| | A6537 | | Gradient compression stocking, full length/chap style, 30-40 MMHG, each. | Yes | Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months. |
| | A6538 | | Gradient compression stocking, full length/chap style, 40-50 MMHG, each. | Yes | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|---|
| | A6539 | | Gradient compression stocking, waist length (pantyhose style), 18-30 MMHG, EACH. | Yes | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6540 | | Gradient compression stocking, waist length, 30-40 MMHG, each. (pantyhose style) | Yes | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6541 | | Gradient compression stocking, waist length, 40-50 MMHG, each. (pantyhose style) | Yes | Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. |
| | A6542 | | Gradient compression stocking, custom made. (includes fitting fee) | Yes | Included in nursing facility daily rate. |
| | A6543 | | Gradient compression stocking, lymphedema. | Yes | Included in nursing facility daily rate. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|------------|--|
| | A6544 | | Gradient compression stocking, garter belt. | Yes | Included in nursing facility daily rate. |
| | A6549 | | Gradient compression stocking, not otherwise specified. | Yes | Included in nursing facility daily rate. |
| | E0942 | | Cervical head harness/halter. | No | Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. |
| | E0944 | | Pelvic belt/harness/boot. | No | Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

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Nondurable Medical Supplies and Equipment

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|-----------------------------|---------------|----------|-------------------------|-----|--|
| | E0945 | | Extremity belt/harness. | No | Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. |

Decubitus Care Products

| | | | | | |
|--|-------|--|--------------------------|----|--|
| | E0188 | | Synthetic sheepskin pad. | No | Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. |
| | E0189 | | Lambswool sheepskin pad. | No | Maximum of one (1) allowed per client per year. Included in nursing facility daily rate. |

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|-----------------------------------|------------|---|
| | E0191 | | Heel or elbow protector, each. | No | Maximum of four (4) allowed per client per year. Included in nursing facility daily rate. |

Transcutaneous Electrical Nerve Stimulator (TENS) Supplies

| | | | | | |
|--|-------|--|---|----|--|
| | A4556 | | Electrodes, pair. | No | |
| | A4557 | | Lead wires, e.g., apnea monitors, tens., pair. | No | |
| | A4558 | | Conductive paste or gel. | No | |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

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RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|------------|--|
| | A4595 | | Electrical stimulator supplies, 2 lead, per month, (TENS, NMES). | No | Includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient- owned 4-lead TENS unit. |
| | A4630 | | Replacement batteries, medically necessary, transcutaneous electrical nerve stimulator (TENS) owned by patient. | No | |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|
|--------------------------------------|-----------------------|-----------------|--------------------|------------|-----------------------------|

Miscellaneous Supplies

| | | | | | |
|---|-------|--|---|----|--|
| # | A4250 | | Urine test or reagent strips or tablets (100 tablets or strips). | No | |
| # | A4265 | | Paraffin, per pound. | No | |
| # | A4281 | | Tubing for breast pump, replacement. | No | |
| # | A4282 | | Adapter for breast pump, replacement. | No | |
| # | A4283 | | Cap for breast pump bottle, replacement. | No | |
| # | A4284 | | Breast shield and splash protector for use with breast pump, replacement. | No | |
| # | A4285 | | Polycarbonate bottle for use with breast pump, replacement. | No | |
| # | A4286 | | Locking ring for breast pump, replacement. | No | |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|--|--|
| # | A4290 | | Sacral nerve stimulation test lead, each. | | |
| # | A4458 | | Enema bag with tubing, reusable. | | |
| # | A4561 | | Pessary, rubber, any type. | | |
| # | A4562 | | Pessary, non rubber, any type. | | |
| # | A4633 | | Replacement bulb/lamp for ultraviolet light therapy system, each. | | |
| # | A4634 | | Replacement bulb for therapeutic light box, tabletop model. | | |
| # | A4639 | | Replacement pad for infrared heating pad system, each. | | |
| | A4927 | | Gloves, non sterile, per box of 100. | Quantities exceeding 9 units per month require PA. | 1 unit = box of 100. Included in nursing facility daily rate and in Home Health Care rate. |
| # | A4928 | | Surgical mask, per 20. | | |
| | A4930 | | Gloves, sterile, per pair. | | Included in nursing facility daily rate and in Home Health Care rate. |

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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RP – Replacement

- Not Covered

**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|--|--|---|
| # | A4931 | | Oral thermometer, reusable, any type, each. | | |
| # | A4932 | | Rectal thermometer, reusable, any type, each. | | |
| # | A6000 | | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card. | | |
| | A6410 | | Eye pad, sterile, each. | | Maximum of 20 allowed per client per month. Included in nursing facility daily rate. |
| | A6411 | | Eye pad, non-sterile, each. | | Maximum of 1 allowed per client per month. Included in nursing facility daily rate. |
| # | A6412 | | Eye patch, occlusive, each. | | |
| | T5999 | | Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each.) | Yes. Use EPA # 870000863 when billing this item. | Limit two per month). Included in nursing facility daily rate. |

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NU – Purchase

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**Nondurable Medical Supplies
and Equipment**

| Code Status Indicator | HCPCS Code | Modifier | Description | PA? | Policy/ Comments |
|--------------------------------------|-----------------------|-----------------|---|--|---|
| | T5999 | | Supply, not otherwise specified. (Lice comb, such as LiceOut™ LeisMeister™ or combs of equivalent quality and effectiveness.) | Yes. Use EPA # 870000861 when billing this item. | Maximum of one (1) allowed, per client, per year. Included in nursing facility daily rate. |
| | A9180 | | Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker. | | For use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year). Included in nursing facility daily rate. |
| | T5999 | | Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.) | Yes | |
| | S8265 | | Haberman feeder for cleft lip/palate. | | |

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- Not Covered

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The Nondurable MSE Fee Schedule is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

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Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
Effective July 1, 2006

[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|----------|-----------------------------|
| | A4206 | | | \$0.24 |
| | A4207 | | | \$0.24 |
| | A4208 | | | \$0.24 |
| | A4209 | | | \$0.24 |
| | A4210 | | | \$0.16 |
| | A4211 | | | # |
| | A4215 | | | 65% |
| R | A4233 | | | \$0.80 |
| R | A4234 | | | \$3.63 |
| R | A4235 | | | \$2.34 |
| R | A4236 | | | \$1.68 |
| | A4244 | | | \$1.06 |
| | A4245 | | | \$2.33 |
| | A4246 | | | \$2.97 |
| | A4247 | | | \$4.72 |
| | A4248 | | | # |
| | A4250 | | | # |
| | A4253 | KX or KS | | \$34.79 |
| | A4255 | | | # |
| | A4256 | | | \$11.44 |
| | A4258 | | | \$18.05 |
| | A4259 | KX or KS | | \$12.06 |
| | A4265 | | | # |
| | A4281 | | | # |
| | A4282 | | | # |
| | A4283 | | | # |
| | A4284 | | | # |
| | A4285 | | | # |
| | A4286 | | | # |
| | A4290 | | | # |
| | A4310 | | | \$7.72 |
| | A4311 | | | \$14.84 |
| | A4312 | | | \$17.16 |
| | A4313 | | | \$17.16 |
| | A4314 | | | \$25.29 |
| | A4315 | | | \$26.39 |
| | A4316 | | | \$28.40 |
| | A4320 | | | \$5.33 |
| | A4321 | | | # |
| R | A4322 | | | \$3.04 |
| | A4326 | | | \$10.79 |
| | A4327 | | | \$42.27 |
| | A4328 | | | \$10.45 |
| | A4330 | | | \$7.15 |

Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
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[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|--------------------------------------|-------------|-----------------|-----------------|--------------------------------------|
| | A4331 | | | \$3.18 |
| | A4332 | | | \$0.12 |
| | A4333 | | | \$2.20 |
| | A4334 | | | \$4.93 |
| | A4335 | | | \$0.34 |
| | A4338 | | | \$12.26 |
| | A4340 | | | \$31.75 |
| | A4344 | | | \$16.02 |
| | A4346 | | | \$16.65 |
| | A4348 | | | \$27.83 |
| | A4349 | | | \$2.02 |
| | A4351 | | | \$1.81 |
| | A4352 | | | \$6.42 |
| | A4353 | | | \$7.00 |
| | A4354 | | | \$10.03 |
| | A4355 | | | \$8.91 |
| | A4356 | | | \$38.79 |
| | A4357 | | | \$9.70 |
| | A4358 | | | \$6.45 |
| | A4359 | | | \$30.07 |
| | A4361 | | | \$18.37 |
| | A4362 | | | \$3.46 |
| R | A4363 | | | \$2.36 |
| | A4364 | | | \$2.73 |
| | A4365 | | | \$11.32 |
| | A4366 | | | \$1.30 |
| | A4367 | | | \$6.82 |
| | A4368 | | | \$0.26 |
| | A4369 | | | \$2.06 |
| | A4371 | | | \$3.60 |
| | A4372 | | | \$4.18 |
| | A4373 | | | \$6.28 |
| | A4375 | | | \$17.18 |
| | A4376 | | | \$47.58 |
| | A4377 | | | \$4.29 |
| | A4378 | | | \$30.75 |
| | A4379 | | | \$15.02 |
| | A4380 | | | \$37.33 |
| | A4381 | | | \$4.61 |
| | A4382 | | | \$24.62 |
| | A4383 | | | \$28.19 |
| | A4384 | | | \$9.62 |
| | A4385 | | | \$5.10 |
| | A4387 | | | 65% |

**Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
Effective July 1, 2006**

[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|--------------------------------------|-------------|-----------------|-----------------|--------------------------------------|
| | A4388 | | | \$4.36 |
| | A4389 | | | \$6.22 |
| | A4390 | | | \$9.61 |
| | A4391 | | | \$7.07 |
| | A4392 | | | \$8.18 |
| | A4393 | | | \$9.04 |
| | A4394 | | | \$2.58 |
| | A4395 | | | \$0.05 |
| | A4396 | | | # |
| | A4397 | | | \$4.79 |
| | A4398 | | | \$13.81 |
| | A4399 | | | \$11.55 |
| | A4400 | | | \$44.30 |
| | A4402 | | | \$1.60 |
| | A4404 | | | \$1.69 |
| | A4405 | | | \$3.40 |
| | A4406 | | | \$5.74 |
| | A4407 | | | \$8.76 |
| | A4408 | | | \$9.87 |
| | A4409 | | | \$6.22 |
| | A4410 | | | \$9.04 |
| R | A4411 | | | \$5.10 |
| R | A4412 | | | \$2.70 |
| | A4413 | | | \$5.50 |
| | A4414 | | | \$4.93 |
| | A4415 | | | \$6.00 |
| | A4416 | | | \$2.75 |
| | A4417 | | | \$3.72 |
| | A4418 | | | \$1.81 |
| | A4419 | | | \$1.74 |
| | A4420 | | | 65% |
| P | A4421 | | | BR |
| | A4422 | | | \$0.12 |
| | A4423 | | | \$1.86 |
| | A4424 | | | \$4.75 |
| | A4425 | | | \$3.58 |
| | A4426 | | | \$2.73 |
| | A4427 | | | \$2.78 |
| | A4428 | | | \$6.51 |
| | A4429 | | | \$8.25 |
| | A4430 | | | \$8.52 |
| | A4431 | | | \$6.22 |
| | A4432 | | | \$3.59 |
| | A4433 | | | \$3.34 |

Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
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[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|----------|-----------------------------|
| | A4434 | | | \$3.76 |
| | A4450 | | | \$0.09 |
| | A4452 | | | \$0.36 |
| | A4455 | | | \$1.43 |
| | A4458 | | | # |
| | A4462 | | | \$3.29 |
| | A4465 | | | 65% |
| | A4490 | | | \$28.10 |
| | A4495 | | | \$28.10 |
| | A4500 | | | \$21.22 |
| | A4510 | | | \$74.94 |
| | A4520 | | | B.R. |
| | A4556 | | | \$10.32 |
| | A4557 | | | \$17.94 |
| | A4558 | | | \$5.45 |
| | A4561 | | | # |
| | A4562 | | | # |
| | A4565 | | | 65% |
| | A4570 | | | 65% |
| | A4595 | | | \$28.81 |
| | A4630 | | | \$6.25 |
| | A4633 | | | # |
| | A4634 | | | # |
| | A4639 | | | # |
| P | A4649 | | | BR |
| | A4927 | | | \$6.55 |
| | A4928 | | | # |
| | A4930 | | | \$0.60 |
| | A4931 | | | # |
| | A4932 | | | # |
| | A5051 | | | \$2.07 |
| | A5052 | | | \$1.49 |
| | A5053 | | | \$1.74 |
| | A5054 | | | \$1.79 |
| | A5055 | | | \$1.44 |
| | A5061 | | | \$3.52 |
| | A5062 | | | \$2.09 |
| | A5063 | | | \$2.70 |
| | A5071 | | | \$6.01 |
| | A5072 | | | \$3.52 |
| | A5073 | | | \$3.13 |
| | A5081 | | | \$2.81 |
| | A5082 | | | \$10.15 |
| | A5093 | | | \$1.95 |

Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
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| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|----------|-----------------------------|
| | A5102 | | | \$22.58 |
| | A5105 | | | \$40.76 |
| | A5112 | | | \$34.62 |
| | A5113 | RP | | \$4.70 |
| | A5114 | RP | | \$8.94 |
| | A5119 | | | \$10.51 |
| R | A5120 | | | \$0.24 |
| | A5121 | | | \$7.46 |
| | A5122 | | | \$12.22 |
| | A5126 | | | \$1.15 |
| | A5131 | | | # |
| | A6000 | | | # |
| | A6010 | | | \$30.96 |
| | A6011 | | | \$2.28 |
| | A6021 | | | \$21.02 |
| | A6022 | | | \$21.02 |
| | A6023 | | | \$190.30 |
| | A6024 | | | \$6.19 |
| | A6025 | | | 65% |
| | A6154 | | | \$14.36 |
| | A6196 | | | \$7.35 |
| | A6197 | | | \$16.44 |
| | A6198 | | | 65% |
| | A6199 | | | \$5.29 |
| | A6200 | | | \$9.50 |
| | A6201 | | | \$20.80 |
| | A6202 | | | \$34.88 |
| | A6203 | | | \$3.35 |
| | A6204 | | | \$6.23 |
| | A6205 | | | 65% |
| | A6206 | | | 65% |
| | A6207 | | | \$7.34 |
| | A6208 | | | 65% |
| | A6209 | | | \$7.48 |
| | A6210 | | | \$19.92 |
| | A6211 | | | \$29.37 |
| | A6212 | | | \$9.70 |
| | A6213 | | | 65% |
| | A6214 | | | \$10.29 |
| | A6215 | | | \$2.99 |
| | A6216 | | | \$0.05 |
| | A6217 | | | \$0.17 |
| | A6218 | | | \$0.45 |
| | A6219 | | | \$0.95 |

Health & Recovery Services Administration (HRSA)
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| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|----------|-----------------------------|
| | A6220 | | | \$2.58 |
| | A6221 | | | 65% |
| | A6222 | | | \$2.13 |
| | A6223 | | | \$2.42 |
| | A6224 | | | \$3.61 |
| | A6228 | | | 65% |
| | A6229 | | | \$3.61 |
| | A6230 | | | 65% |
| | A6231 | | | \$4.68 |
| | A6232 | | | \$6.88 |
| | A6233 | | | \$19.19 |
| | A6234 | | | \$6.54 |
| | A6235 | | | \$16.82 |
| | A6236 | | | \$27.25 |
| | A6237 | | | \$7.91 |
| | A6238 | | | \$22.79 |
| | A6239 | | | 65% |
| | A6240 | | | \$12.24 |
| | A6241 | | | \$2.57 |
| | A6242 | | | \$6.07 |
| | A6243 | | | \$12.31 |
| | A6244 | | | \$39.28 |
| | A6245 | | | \$7.27 |
| | A6246 | | | \$9.92 |
| | A6247 | | | \$23.78 |
| | A6248 | | | \$16.24 |
| | A6250 | | | # |
| | A6251 | | | \$1.99 |
| | A6252 | | | \$3.25 |
| | A6253 | | | \$6.34 |
| | A6254 | | | \$1.21 |
| | A6255 | | | \$3.03 |
| | A6256 | | | 65% |
| | A6257 | | | \$1.53 |
| | A6258 | | | \$4.30 |
| | A6259 | | | \$10.94 |
| | A6260 | | | 65% |
| P | A6261 | | | BR |
| P | A6262 | | | BR |
| | A6266 | | | \$1.92 |
| | A6402 | | | \$0.12 |
| | A6403 | | | \$0.43 |
| | A6404 | | | 65% |
| | A6407 | | | \$1.88 |

Health & Recovery Services Administration (HRSA)
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| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|----------|-----------------------------|
| | A6410 | | | \$0.39 |
| | A6411 | | | \$2.35 |
| | A6412 | | | # |
| | A6441 | | | \$0.67 |
| | A6442 | | | \$0.17 |
| | A6443 | | | \$0.29 |
| | A6444 | | | \$0.56 |
| | A6445 | | | \$0.32 |
| | A6446 | | | \$0.41 |
| | A6447 | | | \$0.67 |
| | A6448 | | | \$1.16 |
| | A6449 | | | \$1.75 |
| | A6450 | | | 65% |
| | A6451 | | | 65% |
| | A6452 | | | \$5.91 |
| | A6453 | | | \$0.61 |
| | A6454 | | | \$0.77 |
| | A6455 | | | \$1.39 |
| | A6456 | | | \$1.28 |
| R | A6457 | | | \$1.14 |
| P | A6501 | | | BR |
| P | A6502 | | | BR |
| P | A6503 | | | BR |
| P | A6504 | | | BR |
| P | A6505 | | | BR |
| P | A6506 | | | BR |
| P | A6507 | | | BR |
| P | A6508 | | | BR |
| P | A6509 | | | BR |
| P | A6510 | | | BR |
| P | A6511 | | | BR |
| P | A6512 | | | BR |
| P | A6513 | | | BR |
| | A6530 | | | 65% |
| R | A6531 | | | \$43.27 |
| R | A6532 | | | \$60.99 |
| | A6533 | | | 65% |
| | A6534 | | | 65% |
| | A6535 | | | 65% |
| P | A6536 | | | BR |
| P | A6537 | | | BR |
| P | A6538 | | | BR |
| P | A6539 | | | BR |
| P | A6540 | | | BR |

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[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|-----------------------------|-------|----------|--|-----------------------------|
| P | A6541 | | | BR |
| P | A6542 | | | BR |
| P | A6543 | | | BR |
| P | A6544 | | | BR |
| P | A6549 | | | BR |
| | A9180 | | | \$11.98 |
| | A9901 | | | \$2.50 |
| | E0188 | | | \$26.43 |
| | E0189 | | | \$44.17 |
| | E0191 | | | \$8.49 |
| | E0942 | | | \$19.85 |
| | E0944 | | | \$42.67 |
| | E0945 | | | \$44.32 |
| | E1399 | | Breast pump kit for electric breast pump | \$37.92 |
| | S8265 | | | 65% |
| | S8431 | | | 65% |
| | T1999 | | Reusable compliance device/container | \$6.00 |
| | T1999 | | Nonreusable compliance device/container | \$3.00 |
| | T1999 | | Reusable compliance device/container, extra large capacity | \$16.91 |
| | T4521 | | | \$0.47 |
| | T4522 | | | \$0.63 |
| | T4523 | | | \$0.76 |
| | T4524 | | | \$0.88 |
| | T4525 | | | \$0.75 |
| | T4526 | | | \$0.76 |
| | T4527 | | | \$0.89 |
| | T4528 | | | \$0.90 |
| | T4529 | | | \$0.47 |
| | T4530 | | | \$0.49 |
| | T4531 | | | \$0.47 |
| | T4532 | | | \$0.59 |
| | T4533 | | | \$0.50 |
| | T4534 | | | \$0.80 |
| | T4535 | | | \$0.36 |
| | T4536 | NU | | \$6.66 |
| | T4536 | RR | | \$0.76 |
| | T4537 | NU | | \$14.07 |
| | T4537 | RR | | \$0.45 |
| | T4538 | RR | | \$0.75 |
| | T4539 | NU | | \$2.73 |
| | T4540 | | | # |
| | T4541 | | | \$0.36 |
| | T4542 | | | # |

**Health & Recovery Services Administration (HRSA)
Medical Supplies and Equipment (MSE) Fee Schedule
Effective July 1, 2006**

[Link To Legend For Code Status Indicator](#)

| Code Status Indicator | Code | Modifier | Comments | Maximum Allowable Fee |
|--------------------------------------|-------------|-----------------|---------------------------------------|--------------------------------------|
| | T5999 | | Pregnancy testing kit, 1 test per kit | \$7.34 |
| | T5999 | | Disinfectant spray, 12oz | \$5.39 |
| P | T5999 | | | BR |
| | T5999 | | Sharps container | \$3.85 |
| | T5999 | | Lice comb | \$8.91 |

Status Indictors

D = Discontinued Code
N = New Code
P = Policy Change
R = Rate Update
Not Covered

Modifiers In This Fee Schedule

ZX – Insulin Dependent
KS – Non-Insulin Dependent
RP – Replacement
RR – Rental
1P – Purchase

Other References

In This Fee Schedule

BR = By Report

